230018

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless 2011 29 A

| | | CERTIFICATED COMPAN | Y INFORMATION | | | |
|--------------|----------------------------------|--|--------------------------------|---------------------------------------|--|--|
| KDDI | America, Inc. | | | | | |
| Company Name | | | I LIIV/OON | | | |
| | | | 212-295-12 | 00 | | |
| Oba/fk | a | | Telephone # | | | |
| 107 | W Michigan 4th E | 7] | · | | | |
| | g Address | - | | | | |
| | | | | | | |
| | mazoo MI 49007 tate, Zip Code | | | | | |
| 825 | Third Ave 3rd F | <u> </u> | | | | |
| Busine | ess Location | | | | | |
| New | York NY 10022 | | New York | | | |
| City, S | tate, Zip Code | | County | | | |
| | | | | | | |
| | | <u>REGISTERED AGENT I</u> | <u>NFORMATION</u> | | | |
| Reaist | ered Agent: B Allsto | n Moore Jr | | | | |
| 9.30 | <u></u> | | | · · · · · · · · · · · · · · · · · · · | | |
| Mailing | Address: 5 Exchang | e St | | | | |
| | | | | | | |
| City, S | itate, Zip Code: Charle | eston SC 29401 | | | | |
| A. | • , | address if different than above.) | | | | |
| | 212-295-1200 | | rt@kddla.com E-mail Address | | | |
| | Telephone Number | Facsimile Number | E-IIIaii Address | | | |
| В. | Shin Shinohara | | | | | |
| | Customer Relations /Comp | plaints Representative (Include add | ress if different than above.) | | | |
| | 212-295-1200 | <u> / 212-295-1087 / </u> | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | |
| C4 | Shin Shinohara | | | | | |
| C1. | Customer Relations/Comp | Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) | | | | |
| | 212-295-1200 | | rt@kddia.com | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | |
| 00 | 888-533-4649 | | | 7 | | |
| C2. | Customer Contact (Toll Fre | ee Number) | | | | |
| | Sustainer Somast (1911) 16 | | | · · · · · · · · · · · · · · · · · · · | | |
| D. | Endon Onestion (| Engineering Operations (Include address if different than above.) | | | | |
| | Engineering Operations (| nciude address il different than above | i.) | 2011 | | |
| | T-1hNh | | E-mail Address | <u> </u> | | |
| | Telephone Number | Facsimile Number | E-IIIaii Muuless | CLEPIN S OPFICE | | |
| E. | | | | | | |
| | Test and Repair (Include a | address if different than above.) | | | | |
| | | | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | |

| Emergencies (During non- | office hours) | | | |
|--|-------------------------------------|--|--|--|
| | | 1 | | |
| Telephone Number | Facsimile Number | E-mail Address | | |
| on, please provide the follo | wing company contact informat | tion to assist in proper routing of correspondence and invoices | | |
| Yasushi Kubota | | | | |
| | ude address if different than above | 9.) | | |
| 212-295-1200 | /212-295-1087 | / rt@kddia.com | | |
| Telephone Number | Facsimile Number | E-mail Address | | |
| | | | | |
| Dual Party Mailings (Nam | e) | | | |
| Mailing Address | , | | | |
| Telephone Number | / Facsimile Number | E-mail Address | | |
| | | | | |
| Interim LEC Fund Mailings | (Name) | | | |
| | | | | |
| Mailing Address | , | | | |
| Telephone Number | / Facsimile Number | E-mail Address | | |
| Patrick D Croc | | E-mail Address | | |
| Universal Service Fund Ma | | | | |
| | <u> </u> | . MT. 4000F | | |
| Mailing Address | 4th Fl, Kalamazo | O MI 49007 | | |
| 269-381-8888 | / 269-381-4855 | /contact@nationwideregulatorycompliand | | |
| Telephone Number | Facsimile Number | E-mail Address | | |
| Patrick D Croc | ker | | | |
| Gross Receipts Mailings | (Name) | | | |
| 107 W Michigan | 4th Fl, Kalamazo | o MI 49007 | | |
| Mailing Address | | | | |
| 269-381-8888 | | /contact@nationwideregulatorycompliano | | |
| Telephone Number | Facsimile Number | E-mail Address | | |
| Lifeline Mailings (Name) | | | | |
| Mailing Address | | | | |
| | 1 | | | |
| Telephone Number | Facsimile Number | E-mail Agdress | | |
| | | | | |
| Patrick D Croc | ker | | | |
| This form was completed by President, Nat: | (print name) | Signature | | |
| Regulatory Com | | 5/26/2011) | | |
| Title | | Date | | |
| RETURN COMPLETED FOI | RM TO: | 19 to the second se | | |
| Public Service (| Commission of SC | Office of Regulatory Staff | | |
| Clerk's Office | | Attn: Jeanne Gordon | | |
| Post Office Draw | | 1401 Main Street, Suite 900 Columbia, South Carolina 29201 (Rev. P\$C 14/2010 | | |
| Columbia, South Carolina 29211 | | Columbia, South Carolina 29201 (Rev. PSC 14/2010 | | |